REQUEST FOR MEDIC FIRST AID® CPR/First Aid/AED CLASS
Michigan GWRRA
Please fill out this form to request a MFA Class for your chapter. Include the requested signature and three possible dates for the class listed by preference.

Mail to:
Dennis & Felicia Schulte, MI District Educators
1498 Sand Beach Road
Bad Axe, MI 48413
michridered@gmail.com

Please submit this form **6 weeks** before earliest requested class date.

**COST: $25.00 per Student**

**AFTER CLASS DATE IS DETERMINED** the chapter requesting class will be notified. Participants can then send payment to reserve their spot. **Pre-payment for class must be received 14 days prior to class date.** Make Chapter check payable to: GWRRA DISTRICT- MI. Your spot in the class is first come first serve. Payment is required to get your name on the class roster. Mail checks to:
Michigan MFA Coordinator
Gary Williams
1146 Scarlet Oak East
Jackson, Michigan 49201

Please Print. (except where a signature is requested) This form **must** be legible. Thank you!

Chapter Requesting MFA Class: __________________________________________
Location of Class: _______________________________________________________

Contact Information:
Contact Person Name: ___________________________________________________

Address       City    Zip
_____________________________________________________________________
Phone      E-mail

Chapter Director Approval:
Chapter Director Name: __________________________
Signature: __________________________

Requested Dates: Please list three choices by preference. We will try to schedule your first choice but we need alternatives in case of conflicts.

1st Choice: __________________________
Number of students expected: __________________________
2nd Choice: __________________________ (NOTE: More than 12 students requires 2 instructors.)
3rd Choice: __________________________ (Minimum of 6, maximum of 24 students per class.)

Names of Instructors: ___________________________________________________
Approved by: _______________________________________________________
Date of Approval: ___________________________________________________
Date of Class: _______________________________________________________

Revised 1/6/2020